

# Surgeons Fulfill SIGN's Dream

By Jeanne Dillner, CEO

**S**IGN's dream of Creating Equality of Fracture Care is made possible by volunteer surgeons from North America and Europe and the SIGN surgeons within each country. We are grateful to them for committing their lives to building effective and sustainable orthopaedic programs in areas of greatest need.

*"What we do for ourselves dies with us.*

*What we do for others and the world remains and is immortal."* -Albert Pine



## Tanzania Trip Ignites Passion for Teaching



**I** spent a week in Tanzania at Muhimbili Orthopaedic Institute. I am grateful for the opportunity to have had this educational and cultural exchange. I felt humbled at the great work the people of Tanzania were doing and how spoiled I was with my \$137,000 table and \$150,000 worth of equipment.

After missing my flight out of Houston, I finally arrived in Dar es Salaam on Wednesday and was able to scrub in on a number of open nailing cases. After getting over my initial visceral displeasure with opening long bone fractures due to the lack of C-arm and intraop fluoro, I am amazed at how facile the surgeons are in doing these cases. My concern with opening the fractures is infection. This is especially a concern given the main entity that runs Tanzania is mosquitoes. They're everywhere including the operating room. The key is their very thorough prep, scrub, and washing at the end of cases. The real benefit of the SIGN nail was seen when we rounded on the wards. There were tons of people, some sleeping on the floor, waiting for surgery that would normally have to wait months for healing without the SIGN nail. The number of people they can now treat is impressive. The cost for a day stay in the hospital is 50 cents which is still a lot of money for Tanzania. Visiting hours were really bathing time for the patients by their family members.

Thursday we had a spectacular cadaver course covering all the approaches to the acetabulum, pelvis and the hip. They worked me hard on both the dissections and 5 lectures. The residents and attendings were very eager, enthusiastic, and appreciative. They made me feel like a rock star. We also rounded on some very difficult delayed treatment patients. They had enough work to keep me busy for at least 2 weeks of continuous operating.

In the end, although my newly made friends stated how lucky they were to have me visit them, it was truly me who was lucky. The people of Tanzania reinvigorated my desire to do better. They did so much more with so little. I had to do better because I was blessed with so much. I am forever indebted to the many new friends that I made, and their unquenchable spirit that motivates me. I am especially appreciative of Edmund Eliezer, Billy Haonga, Cuthbert Mcharo, and Kuboja Bitta. To all "Thank You."



Dr. Kyle Dickson  
University of Texas

## A note from Haiti:

Dear Dr. Zirkle & Jeanne,

I am very happy to hear from you. We started the SIGN again, we are at our second cases at the general hospital, it works great we are putting some other facilities just to enhance the program. ... we wish to make this program busy and ... to present at the SIGN's next year.

We are very thankful of the importance of SIGN here, what it means to us, and how useful it is to our patients. Please always tell to your staff that they are doing a very very good job.

**EACH SIGN NAIL IS:  
A LIMB  
A JOY IN A FACE  
A WALKING MAN  
A FAMILY AT WORK.**

Have a safe trip in Ethiopia, it's a place I like, wish one day I will be SIGN volunteer.



Getho Chertoute  
HUEH, Ortho chief resident  
SIGN surgeon

# Imagine the

By Lewis G. Zirkle, MD  
President & Founder

As these words were played at the recent SIGN benefit pictures of victims of the emerging epidemic of trauma flashed across the screen. Not only can we imagine pain and trauma in developing countries, we have seen it. To fulfill our dream of meeting the needs of these victims, we must to help others imagine.



Many of the pictures shown as IMAGINE played were civilians injured in conflict.

**Imagine** a group street cleaners who had gathered outside a hospital in Afghanistan on a winters day after a terrorist's bomb went off that killed their co-workers. These men were trying to earn a living so their families could eat. The price of food had risen 50%. Their families were hungry. We shared this hunger and cold at night during our two visits to teach SIGN in Afghanistan. On this day, the bomb blast was very loud and though several blocks away, the impact was felt inside the visitor housing. As I hurried to the hospital I realized that I could have been injured or killed as 17 of these street cleaners were. I thought of my comfortable heated home in United States and imagined how happy they would be to live and work in my home town.

**Imagine** a man with his son lying in a bed in Pakistan after the 2005 earthquake. The man had lost all of his family except for his oldest son. He followed me around for four days asking repeatedly when we would operate on his son's fractured femur. I saw his pain and desperation and imagined being a father with no home or other resources trying to be an advocate for his only remaining son. Parents are advocates for their children no matter how old they are.



**Imagine** the variety of emotions that takes place when the trauma occurs. During the annual horse races called Nadeem in Mongolia I saw horses arrive at the finish line with no riders. I could only imagine that the riders had fallen off which turned out to be true. I met one lying in traction in his hospital bed. I grew up on a farm and can imagine the joy of riding a fast horse suddenly turning into pain and sorrow after falling.



Then **imagine** the frustration of being seen by doctors in hospital after hospital and having the pain increase after each visit. Bethlehem broke her hip and proximal femur when she fell down three flights of stairs and lay in agony until someone found her the next morning. After traveling to one hospital by private vehicle, an x-ray was taken and doctors placed her in a cast which ended at the fracture site level causing increased pain. I can imagine her disappointment and desperation after a painful trip to another hospital where she was placed in a body cast that was so loose that every movement was painful. She expressed joy the morning after her SIGN surgery because the fracture had been surgically immobilized resulting in marked diminution of her pain. Her picture is shown here with pre and post operative x-rays.



**Imagine** living where traffic accidents cause an extraordinary number of fractured femurs and tibias. Many young boys come to the city to drive a rickshaw for 12 hours per day. They sleep in these rickshaws at night. Many are injured in chaotic traffic. They are the sole source of income for their family and quickly become a burden to their family due to the disability. I tried to drive one of these rickshaws in Bangladesh and quickly became very impressed with the skill and strength of these young men. Rickshaws have no brakes and only one gear. I confess that I drove the rickshaw off the road. Then, I thought of my mountain bicycle which I ride back and forth from my house to my medical office and then to SIGN. I imagined trying to drive a rickshaw back and forth.



*Imagine no possessions*

*I wonder if you can*

*No need for greed or hunger*

*A brotherhood of man*

*Imagine all the people*

*Sharing all the world...*

-John Lennon

# Future of SIGN

We all imagine, experience and dream. Dreaming is the first step in problem solving. If the dream ends with no action, the situation remains unchanged. We can dream that there will be enough jobs and access in all regions so that families do not have to move to the city to earn money for food and shelter. We can dream of better traffic laws so the rule of the bicycle is not the sole guide for the traffic on the roads. We can dream of a world without conflict, a world without earthquakes or natural disasters, a world with gravity we can control so that falls from horses and down stairs don't cause so many fractures.

SIGN has addressed these problems by designing and manufacturing instruments and implants to treat people who sustain femur, tibia, hip and humerus. SIGN donates them and teaches the surgeon the proper technique for use in treating poor patients that cannot afford to buy their implants for the proper treatment.

Many times while visiting hospitals in developing countries, I dream about how many more patients could be treated if the operating rooms were more efficient. The obstacles to efficiency vary from personnel tardiness, inadequate infrastructure, occasionally no water supply, sterilizer failure, patients that arrive in the operating room without adequate inspection of the leg for open wounds and inadequate supply of nurses. The list goes on. Some operating rooms had no nurses. I dream about transplanting an operating room from North America to a developing country with all the personnel and equipment so we could perform 3-6 SIGN surgeries per day in each room.

## Imagine what would happen if:

- + More patients had their fractures stabilized at the optimum time with optimum implants rather than lying for 3-6 months in traction.
- + Residents learn more from experienced, visiting surgeons. The developing countries need orthopedic surgeons. Residency times could be shortened.
- + Visiting surgeons felt their time in developing countries was sustainable and worthwhile. The surgeons might be more likely to volunteer to teach subspecialty surgery such as pelvic fractures or spinal surgery.
- + Patients could go home within 2 –3 days leaving the bed for other patients. Hospitals are expensive to build in developing countries and the population is growing while trauma becomes an emerging epidemic.
- + Statistical studies could be done to establish proper treatment and the proper implant. Ninety percent of severe fractures occur in developing countries. Surgical treatment of many fractures is limited due to lack of implants. Implant companies could donate these implants and in return receive statistical analysis of the results on a database.
- + Conferences were more accessible to surgeons all over the world. There is interest as is evidenced by the number of attendees at the SIGN conference increasing every year. Many surgeons cannot afford travel costs. Our national orthopaedic societies could reach out and provide speakers for these conferences. These conference rooms could be equipped with equipment for electronic conferencing and consultation on specific patients.

These structures or organizations could serve as a model as well as teaching facility for medical personnel. It is much easier to create experiences for learning than to talk about it.

This is our current dream – among others. The dream is the first step and the second step is to tell others about our dream and help them to imagine. This is like a fisherman throwing out the net. The contents hauled in the net often surprise the fishermen. Perhaps you have a dream but haven't put it into action. If your dream correlates with ours, we can work together. Please contact us at [signcom@sign-post.org](mailto:signcom@sign-post.org).

*We will dream together and then act together.*

*You may say I'm a dreamer*

*But I'm not the only one*

*I hope someday you'll join us*

*And the world will be as one.*

-John Lennon

# Building an Orthopaedic Legacy in Ethiopia

By Duane Anderson, MD

One year ago Black Lion began implanting intramedullary nails in the femur and the tibia. Before that traction and casts were used for these fractures. Many patients now in Addis Ababa are getting modern treatment for their fractures. We are blessed in Ethiopia to have access to SIGN implants.

Five years ago I started putting SIGN nails into patients at Soddo Christian Hospital in Soddo Wolaitta Ethiopia. The hospital had just opened six months before I arrived. I had a set of SIGN nails and began implanting them in fractures coming to our hospital. It started out very slow with few patients knowing about our program. I began teaching general surgery residents how to do the surgery. During the last five years we have grown in our reputation and we are now doing an average of about 10 roddings a month. Our residents now have had the opportunity to do many intramedullary roddings while on our orthopaedic service.

We are graduating Dr. Haileyesus Tesfaye from our general surgery program in 3 weeks time. He is pictured with Dr. Lew Zirkle and myself at Black Lion Hospital. Dr. Haileyesus is an accomplished SIGN surgeon. He has done 50 or more intramedullary nails. Dr. Haileyesus will go to his home town in western Ethiopia. I would like to see Dr. Haileyesus help the many people of western Ethiopia have good fracture care.



L-R: Dr. Tesfaye, Dr. Zirkle, Dr. Anderson.

Ethiopia is the most dangerous place in the world to drive a car or be a pedestrian as noted by the WHO. Per vehicle mile there are more accidents than in any other country of the world.

SIGN will give Dr. Haileyesus a set of instruments and a lifetime of nails if he reports his surgical cases on the SIGN website. This is a tremendous opportunity as there is no one doing intramedullary rods in that part of Ethiopia.

Dr. Haileyesus is going to the Wolega region of west Ethiopia and will be practicing in a new government hospital. He will be the first surgeon in this hospital. The name of the hospital is Gimbi Hospital. Presently good fracture care is unavailable in this very populated area, NO INTRAMEDULLARY rods for millions of people.

Would you support Dr. Haileyesus Tesfaye by giving to SIGN? If a total of \$15,000 USD is given in Dr. Haileyesus' name he will have the privilege to continue to do intramedullary nails in western Ethiopia. He is trained and dreams about the possibility of doing this for his people. Please help me to make his dream come true. You can give online at <http://www.signgimbi.blogspot.com> or write a check to SIGN designating Gimbi Hospital.



Dr. Duane Anderson has been a SIGN volunteer surgeon since 2001 and has recently been performing SIGN surgeries at Soddo Christian Hospital in Ethiopia.

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at  
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